

PASRR FACT SHEET - Status Change

June 2006

A resident reassessment must be completed when there has been a “significant change” in a nursing facility resident’s mental health condition.

A PASRR status change or 'significant change of condition' for nursing facility residents means a major decline or improvement in the resident’s status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident’s health status and requires interdisciplinary review or revision of the care plan, or both. Federal Regulations Title 42 Volume 3 Part 483.20.

The nursing facility is responsible for identifying these changes and requesting their local OBRA Contractor to conduct a resident reassessment.

The OBRA Contractor is responsible for determining if there is a new Level I “trigger” or if the most recent PASRR evaluation (Dual Diagnosis Management review, Depression Diversion or Level II) is no longer reflective of the resident’s current condition.

The following criteria may indicate a PASRR status change or significant change of condition:

- Changes in medication or diagnosis.
- New diagnosis of Major Mental Illness.
 - Major Depression, Schizophrenia, Schizoaffective, Bipolar, Dysthymia, Cyclothymia, Psychotic DO NOS, Paranoid DO
- Initial prescription of psychiatric medication for a mental health condition.
 - Any antidepressant for depressive symptoms or any depression diagnosis.
 - Any antipsychotic for psychosis - above dosages on the Beer's list for use with dementias.
- New signs or symptoms of a mental illness that are not reflected on the most recent PASRR review.
 - Medical causes such as UTI's, abnormal labs or med reactions should be ruled out first.
- A significant increase (double or more) in the dosage of any psychiatric meds used for a mental health condition.

The following criteria do not indicate a PASRR status change or significant change of condition:

- New diagnoses of anxiety or personality disorder
- New diagnosis of situational depression
- 'Dementia with.....' diagnoses
 - Dementia with depression
 - Dementia with agitation, etc.
- Psychiatric medications used for medical condition
 - Elavil for neuropathy
 - Depakote for Seizure D/O, etc
- Medications within the Beer's List limits - **including** antidepressants for insomnia
- Medication increases less than doubling the dosage
- Medication changes within category
 - Changing from one antidepressant to another
- Signs or symptoms of a mental illness already identified in a PASRR review

Status Change Procedure

1. The nursing facility will contact their mental health center whenever a Level I triggers for the first time or the resident has had a significant change in mental health condition.
2. The OBRA contractor reviews the Level I to determine if there is indeed a trigger.
3. If there **is** a trigger, the OBRA contractor completes a Depression Diversion Screen or Status Change Review Form and determines if a Level II is needed. The OBRA contractor obtains any additional information needed to complete the Depression Diversion Screen or the Status Change Review Form from the nursing facility. The OBRA Contractors send copies of the completed reviews to the nursing facility and Dual Diagnosis Management. The Department of Health Care Policy and Financing (HCPF) is billed for the reviews.
4. If there **is not** a trigger, the OBRA Contractor informs the nursing facility that nothing is needed.
5. The nursing facility clearly documents this in the resident's record.
6. Documentation in the resident file by the nursing facility that Level I did not trigger is very important. This information needs to be available to the SEP case manager when they are completing the ULTC 100.2 for pay source change or continued stay reviews.